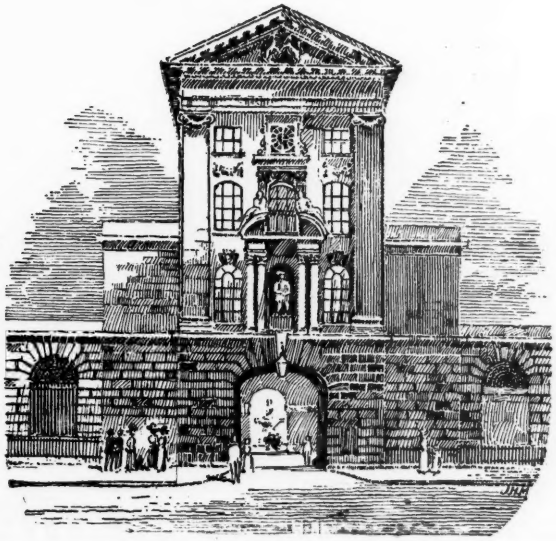
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXIX.—No. 8. MAY, 1922. [PRICE NINEPENCE.

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St. Bartholomew's Hospital

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

JOURNAL.

VOL. XXIX.—No. 8.] MAY 1ST, 1922. PRICE NINEPENCE.

CALENDAR.

Mon., May 1.—Clinical Lecture (Special Subject), Mr. Harmer.
Final M.B.(London) begins.
Royal Society of Medicine, Lecture by Sir Humphry Rolleston (5 p.m.), "Recent Physiology of the Liver."
Tues., „ 2.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Fri., „ 5.—**Sir Thomas Horder and Sir C. Gordon-Watson on duty.**
Clinical Lecture (Medicine), Sir T. Horder.
Professorial Lecture, Dr. Thursfield, "Jaundice in Children."
Rugby Football Club Dinner, Holborn Restaurant, 7 p.m.
Sat., „ 6.—Lawn Tennis Match *v.* Chiswick Park (home).
Mon., „ 8.—Clinical Lecture (Special Subject), Mr. Rose.
Tues., „ 9.—Prof. Fraser and Prof. Gask on duty.
Wed., „ 10.—**View Day.**
Clinical Lecture (Surgery), Mr. Waring.
Lawn Tennis Match *v.* R.M.A. (away).
Fri., „ 12.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture (Medicine), Dr. Morley Fletcher.
Professorial Lecture, Dr. Langdon Brown, "Diseases of the Pancreas."
Sat., „ 13.—Cricket Match *v.* Southgate.
Mon., „ 15.—Clinical Lecture (Special Subject), Mr. Elmslie.
Royal Society of Medicine, Lecture by Sir Thomas Horder (5 p.m.), "The Clinical Significance of Hæmoptysis."
Wed., „ 17.—Clinical Lecture (Surgery), Mr. Waring.
Lawn Tennis Match *v.* Highgate (away).
Fri., „ 19.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Clinical Lecture (Medicine), Dr. Drysdale.
Professorial Lecture, Mr. Waring, "Cholelithiasis."
Sat., „ 20.—Cricket Match *v.* King's College.
Lawn Tennis Match *v.* U C.H. (home).
Mon., „ 22.—Clinical Lecture (Special Subject), Dr. Cumberbatch.
Tues., „ 23.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Wed., „ 24.—Clinical Lecture (Surgery), Mr. McAdam Eccles.
Lawn Tennis Match *v.* Gallery L.T.C. (home).
Fri., „ 26.—Prof. Fraser and Prof. Gask on duty.
Clinical Lecture (Medicine), Dr. Drysdale.
Professorial Lecture, Mr. Waring, "Cholelithiasis" (*continued*).
Sat., „ 27.—Cricket Match *v.* Wanderers.
Lawn Tennis Match *v.* Trinity College, Cambridge (home).
Mon., „ 29.—Clinical Lecture (Special Subject), Mr. Scott.
Tues., „ 30.—Dr. Morley Fletcher and Mr. Waring on duty.
Wed., „ 31.—Clinical Lecture (Surgery), Mr. McAdam Eccles.
Lawn Tennis Match *v.* Highgate (home).

EDITORIAL.

CO-OPERATION has some manifest advantages over competition, and we therefore welcome the combined hospital appeal which is being launched under the auspices of King Edward's Hospital Fund for London. The Prince of Wales has signified his approval of this combined appeal, and the campaign seriously began on Easter Tuesday, when 950 banks throughout the country opened donation accounts. Where so many charities are simultaneously appealing for funds, the potential giver does not know which way to turn and may end by giving nowhere. An appeal like this should make him hesitate no longer.

* * *

We all of us hate change; but the most conservative of us will feel that Mark Ward will be honoured by its new name of Sandhurst Ward. An inscription is shortly to be set up in the Ward to place on record the great services which our late Treasurer rendered to the Hospital during his thirteen years of office. But we fear that Matthew, Luke and John will feel lonely without their colleague. We may also mention that as part of the outcome of the recent "Fleet Street Week" for Bart.'s a "Fleet Street" Bed has been endowed in Mark—we should say, Sand. hurst—Ward.

* * *

The Nurses' Home is at last under way. Plans have been prepared for the immediate erection of a block of buildings on the eastern boundary of the Hospital fronting on Little Britain and providing bedroom accommodation for 165 persons. It is hoped that it will be ready for occupation by the spring of 1923.

* * *

On the afternoon of Saturday, April 22nd, the Lady Mayoress held a reception at the Mansion House for St. Bartholomew's Nurses. It will be recollected that the Lady Mayoress was herself trained at this Hospital. And

now the demolition of the old Nurses' Home has actually begun, as our readers can see (and hear) for themselves if their way to the Hospital lies along Little Britain.

An interesting ceremony took place at 11 a.m. on Tuesday, April 25th. The Lord Mayor and Lady Mayoress arrived at the Hospital, accompanied by awe-inspiring officials; they were received and conducted by the Treasurer and the Matron to the top of the Nurses' Home, and by means of a steep and narrow stairway debouched upon the roof, followed by about thirty on-lookers, including some enterprising sisters. At a given signal the Lady Mayoress pulled a lever, thus hurling a large chimney on to the ground beneath, amidst the applause of the spectators. The chimney having been well and truly laid low, the party descended. Our readers will note a picture of the crucial moment on p. 129. We are in a position to deny the rumour that the ceremony was completed by an onslaught by the nurses with bricks upon the windows of the Home. We should like to express the gratitude of the Hospital to the Lord Mayor and Lady Mayoress for their interest in Bart.'s, and our satisfaction (which the nurses doubtless share) at this sign of real progress towards the new Home.

* * *

We are indeed glad to hear that Sir Humphry Davy Rolleston has been elected President of the Royal College of Physicians. Sir Norman Moore, after four years of office, was no longer seeking re-election, and no doubt vacated the chair the more willingly on knowing that his place might be taken by another Bart.'s man. Sir Humphry was installed in office by Sir William Church, under whom he had served as House-Physician at this Hospital—we dare not think how long ago. Sir Humphry was also elected the representative of the College at the celebrations in honour of the foundation of the University of Padua, to which we referred in our last issue.

* * *

The interchanges of lectures now going on between different countries are a significant sign of the desire for a true international spirit in medicine. Several eminent French scientists are lecturing in London this summer; and at the Grand Amphitheatre of the Faculty of Medicine in Paris we see that Sir Wilmot Herringham is lecturing on "Trench Fever" on May 11th, and that Mr. H. J. Waring is discoursing on "Acute Pancreatitis" on May 20th. Between England and Holland this interchange is even simpler, in that most Dutch students readily understand English. Sir Frederick Andrewes is lecturing on "Arterial Degenerations" at the Universities of Utrecht and Amsterdam on May 5th and 8th respectively.

* * *

Last month we were able briefly to welcome Dr. C. Lovatt Evans to the Chair of Physiology at this Hospital. That he is a worthy addition to our teaching staff may be seen from the further details we are able to give of his earlier achievements.

Dr. Evans was born on July 9th, 1884, and was educated at the University of Birmingham and at University College and University College Hospital, London. He obtained the B.Sc. Pass Degree as an external student in 1910 and was then appointed Sharpey Scholar and Assistant in Physiology at University College. He obtained the D.Sc. degree in Physiology as an internal student in 1913. From December, 1913, to November, 1917, he was a recognised teacher of physiology at University College. In 1914 he was awarded the Schafer Prize in Physiology at University College. In January, 1916, he qualified M.R.C.S., L.R.C.P., and then joined the Army. In 1917 he was appointed Professor of Experimental Physiology and Experimental Pharmacology in the University of Leeds, and took up his duties there on demobilisation in May, 1918. In July, 1919, he left Leeds to undertake research work at the National Institute for Medical Research. He has also carried out research work at Freiburg im Breisgau and at Cambridge. He has published a number of papers on experimental and chemical physiology in the *Journal of Physiology* (1912–21), the *Proceedings of the Physiological Society* (1915–20) and other scientific journals, English and foreign.

* * *

The following are the appointments to the Junior Staff for the next six months:

House-Physicians to—	
Dr. H. Morley Fletcher	Mr. E. W. C. Thomas (sen.).
	Mr. E. Gallop (jun.).
Dr. J. H. Drysdale	Mr. J. G. Johnstone (sen.).
	Mr. J. N. Kerr (jun.).
Sir P. H.-S. Hartley	Mr. F. Allen (sen.).
	Mr. L. S. Morgan (jun.).
Sir Thomas Horder	Mr. D. M. Lloyd-Jones (sen.).
	Mr. H. Tothill (jun.).
House-Surgeons to—	
Mr. H. J. Waring	Mr. F. C. W. Capps (sen.).
	Mr. G. F. Abercrombie (jun.).
Mr. McAdam Eccles	Mr. C. A. Horder (sen.).
	Mr. W. E. M. Mitchell (jun.).
Mr. L. B. Rawling	Mr. B. L. Jeaffreson (sen.).
	Mr. F. T. Evans (jun.).
Sir C. Gordon-Watson	Mr. H. N. Andrews (sen.).
	Mr. W. Shaw (jun.).
Professorial Units:	
Medical	Mr. W. E. Lloyd (sen.).
	Mr. E. H. Weatherall (jun.).
Surgical	Mr. R. W. P. Hosford (sen.).
	Mr. H. C. Killingback (jun.).
Intern Midwifery Assistant	Mr. H. L. Sackett.
Non-resident Midwifery Assistant	Mr. E. Catford.
Extern Midwifery Assistant	Mr. H. Shannon.
House-Surgeon to—	
Throat, Nose and Ear Department	Mr. C. S. Prance.
Eye Department	Mr. J. Conway Davies.
Orthopædic Department	Mr. L. M. Jennings.
Skin and V.D. Department	Mr. J. L. Potts.

Newly qualified men may be interested to learn that the Royal Society of Medicine is now prepared to admit "Associates." Any qualified man or woman is eligible as an associate up to five years from qualification. Associates have somewhat fewer privileges than Fellows—they do not receive the *Proceedings* gratis and may take only one book from the Library at a time; but the subscriptions are correspondingly less—a concession which should prove valuable to many.

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We congratulate our new Treasurer, Lord Stanmore, who has been made a Knight of Justice of the Order of St. John of Jerusalem.

* * *

Dr. W. S. A. Griffith has been re-appointed representative of the Royal College of Surgeons to the Central Midwives Board.

* * *

We trust it is not impertinent of us to congratulate our eminent Lecturer on Morbid Anatomy on the unsolicited testimonals he has been receiving (*vide* the Public Press), not only from one of his Majesty's Judges but also from the foreman of the jury in a recent criminal case.

* * *

The First Dinner of the Tenth Decennial Club will take place on Thursday, June 29th, 1922. All men who entered the Hospital in the years 1905–1915, and subsequently qualified, are members of this decennial and will receive notice of the dinner.

* * *

Mr. David G. T. K. Cross, B.M., M.A., has been elected by the Radcliffe Trustees, at Oxford, to a Travelling Fellowship, tenable for three years.

* * *

We take this opportunity of welcoming a new contemporary. The University of London Union Society is publishing a magazine on May 3rd. We wish it every success.

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OBITUARY.

We regret to announce the death of Dr. W. A. Hollis, M.D., F.R.C.P., who died at Hove on March 26th, 1922, aged 82. Dr. Hollis was educated at Brighton College, Trinity College, Cambridge, and St. Bartholomew's, where he held the post of House-Physician. He was at one time President of the British Medical Association, and was Consulting Physician to the Royal Sussex County Hospital.

THE RESULTS OF THE RECENT SCHICK TESTS AMONG STUDENTS.

By SIR FREDERICK ANDREWES, F.R.S.

IN a recent article in this JOURNAL Dr. Okell has dealt with the subject of the Schick test, and immunisation against diphtheria. There is, therefore, no need to go into the matter again further than to recall the fact that the Schick test is one for demonstrating the presence of diphtheria antitoxin in the blood. A very small fraction of an antitoxin unit, per c.cm. of blood, neutralises the minute dose of toxin injected into the skin, so that no effect is produced by the latter, and experience has shown that even this small amount of antitoxin in the blood suffices to protect against an attack of diphtheria. Thus a person with a negative Schick reaction may be regarded as immune. The matter is, however, complicated by what are termed "pseudo-reactions." A person may have antitoxin in his blood and be immune, and yet be sensitive to some element in the toxin injected other than the toxin itself, and so give a skin reaction very hard to distinguish from a true positive. The difficulty is overcome by making use of the fact that the true toxin is easily destroyed by heat, whereas the substance to which the pseudo-reaction is due, usually assumed to be some other constituent of the baciliary body, is heat-stable. Unheated toxin is injected in one place and heated toxin in another. Pseudo-reactions are rare in children, but comparatively common in adults: they are usually associated with immunity, but combined pseudo- and true positive-reactions occur.

There is now a large amount of evidence as to immunity against diphtheria at different periods of life. This was first studied by Römer's method, in which the serum of the human case is injected into a guinea-pig, mixed with a known dose of toxin. This is a more accurate method than the Schick test because it is not confused by pseudo-reactions, and also because it can be made strictly quantitative. The two methods have, however, given reasonably concordant results. It is shown that infants at birth are immune in more than 80 per cent. of all cases. This is passive immunity by transfer of antitoxin from the maternal blood, and is hence transient, though kept up for a while by breast-feeding. By the time children have reached 2½ to 3½ years the number of immunes has fallen to 28 per cent. (v. Groer and Kassowitz)—the lowest point reached. Thenceforward the proportion of immunes rises gradually, till by the end of adolescence the percentage of immunes is again over 80; and now it is active, not passive, immunity, and therefore enduring.

It is now generally accepted that this acquired immunity depends on infection by the diphtheria bacillus—not

necessarily on a declared attack of diphtheria, but often on slight, and perhaps repeated, infections, not enough to set up manifest disease, or by rhinitis without constitutional symptoms—such conditions, in fact, as we know are common in children. If this is so, we should expect to find the proportion of immunes higher in the lower than in the middle or upper classes, because the former, owing to overcrowding, more defective sanitation, and massing in elementary schools, are far more exposed to infection by the bacillus. Children of the middle and upper classes are largely shielded from such infection, and thus have less chance of becoming immune. Now, the data upon which the age-curve of immunity has been based are chiefly derived from the lower strata of society —from elementary school children, orphanages and out-patient departments. We must not therefore assume that the proportion of immunes is the same in all social strata. Last year Zingher, who tested 52,000 children in New York schools, published the results grouped according to the degree of crowding in the several areas. In good-class schools in sparsely inhabited areas he found only 33 per cent. of immunes, while in poor districts the proportion was as high as 80–84 per cent. In a rural school only 15 per cent. were immune.

No observations bearing on this point have so far been carried out in this country, and this was the reason for asking the students at St. Bartholomew's to volunteer for the Schick test in numbers sufficient to give a good idea of the proportion of those immune against diphtheria in a representative middle-class population of young English adults. Thanks are due to the 157 men who volunteered (and turned up for subsequent readings), and we owe a great debt to the energy and enthusiasm of Dr. O'Brien and his colleagues who carried out the tests. Of the 157 men tested, 103 gave a positive result—65·6 per cent.,—leaving only 34·4 per cent. immunes. Blood was taken from a good number of the volunteers, and was tested on guinea pigs: the immunes had from $\frac{1}{10}$–5 units of antitoxin per c.cm., the non-immunes had none (or less than $\frac{1}{1000}$ unit) in 27 cases out of 30; the remaining 3 appeared to have small amounts on the first test, but are being re-investigated. Of 21 men who said they had previously had diphtheria, 15 were positive and 6 negative, illustrating the well-known fact that an attack of clinical diphtheria confers little protection. Pseudo-reactions were fairly common.

It will be apparent that these observations are of considerable value, for they are the first in this country which bear on the question of immunity in relation to environment. They support Zingher's observations in America, and strengthen the hypothesis that immunity against diphtheria is associated with exposure to infection during childhood. In place of the 84 per cent. of immunes found by v. Groer and Kassowitz amongst out-patients at Vienna, the students at Bart.'s show only 34·4 per cent. It may be added that of 23 nurses who were also tested, 13 were positive and 10 negative—43·4 per cent. immune. Those of us—and I am among the number—who react positively to the Schick test, may perhaps console ourselves for our lack of immunity by the reflection that at least "we ain't been brought up common."

SOME NOTES ON DUODENAL ULCER.*

By GODFREY LOWE, M.R.C.S., L.R.C.P.

A long personal experience of this condition renders one capable of describing its mode of onset, symptoms, and the various methods of treatment which have been adopted, whether successful or otherwise. Being interested personally one has naturally read with avidity all the accessible literature of the subject, but I do not propose to bore you by detailing the various authorities beyond saying that one owes a very great deal to Sir Berkeley Moynihan, who was the first to publish (*Lancet*, 1905, i, p. 34) a complete account of the symptoms, although two cases of chronic duodenal ulcer had been operated on by Codivella in 1893 and 1898, and the first successful closure of a perforation was performed by H. P. Dean in 1893. It was, however, Sir Berkeley Moynihan who made the operation of gastro-enterostomy what it is to-day, and it may be taken as a conservative estimate that 90 per cent. of the cases of chronic duodenal ulcer that have failed to be cured by medical means can be cured by surgical measures. Naturally there are differences of opinion. Dr. Hurst, of Guy's, says (*British Medical Journal*, April 24th, 1921); "Everyone must agree that the surgical treatment of gastric and duodenal ulcer is a confession of failure," and he gives a most elaborate scale of dietary and medication for the treatment of these conditions. It is not for me to judge between the surgeon and the physician. I am inclined to agree with a surgeon who said to me: "The operation of gastro-enterostomy is the most successful in surgery in suitable cases." I leave it at that.

The condition is seasonal in its incidence. My first attack was one early summer: epigastric pain, a pain as of hunger, a warm sort of pain. I did not know what it was. That was fifteen or sixteen years ago, before I and probably a good many others were as well informed on the subject as we are now. The pain came on about 6 p.m. and was relieved by food. It returned each evening for a few days about the same time and then disappeared till the following year. This time it was not quelled till I went for a holiday, when I lost it at once. And so I went on from year to year. One year it lasted from

* A Paper read before the Lincoln Medical Society, December 1st, 1921.

June to October; another year I felt nothing of it. During the war, when I was exceedingly busy and had a lot of cold night work, it was no worse than usual, the attacks lasting three or four weeks at intervals of six months or so. From June, 1920, to July of this year it hardly ever left me. The attacks of pain were characteristic. After a meal like breakfast the pain came on in about two hours. After the midday meal when meat was taken it would appear in about 2½ to 3 hours; after a light meal like afternoon tea, especially if the tea was at all strong, in 1½ to 2 hours and in the evening about 2½ hours after dinner. The 3 o'clock in the morning pain, though frequent, was not a constant feature. I soon found that taking a boiled egg, for instance, at tea time, prolonged the interval, and reducing the carbohydrate intake at breakfast and indeed at other meals acted in like manner. Strong tea on one occasion initiated an attack. Porridge, pastry, new bread, new potatoes, pickles, vinegar, acid fruits were all productive of early trouble. The pain was always relieved by food and I used to arrange to carry bananas or little sandwiches wherever possible, but of course there were times when it was not convenient to eat and I suffered much torture. The discovery of the soda-mint tablet was a great occasion, and I never afterwards was without a supply loose in my waistcoat pocket or by my bedside at night, which I could surreptitiously nibble when occasion arose; two or three or four of these would always give relief. Such is the history many a patient could give you. On the other hand, some people have duodenal ulcers which give no sign of their presence until the patient has a severe, even fatal hæmorrhage, or until they burst into the peritoneal cavity.

Of course I consulted various kind medical friends, who advised various remedies more or less useful. One thing I noticed, however—each different kind of treatment had a good effect for a time. This led me almost to hope that the whole thing was really a neurosis, as was more than hinted by one amiable being, who thought a course of active service in France would best suit the complaint. I tried to delude myself, too, with the idea of hyperchlorhydria. I believe that this is a myth in spite of chemical analyses of stomach-contents. I don't believe an excess of acid in the stomach will hurt the normal mucous membrane of a stomach or duodenum, but if there is a sore place the normal amount of acid will cause pain in exactly the same way as the juice of an orange will make your finger smart only if there is a cut in it. I tried all the recognised stunts—emulsion of magnesia, large doses of bismuth and bicarbonate of sodium, etc. All these things neutralise the acid in the stomach, but they do not cure the patient. The pain is caused by the acid chyme as it leaves the stomach passing over a sore place in the duodenum. Render the chyme alkaline and you relieve the symptoms, but you do not heal the ulcer. The theory of the medical treatment of the condition is that the chyme is rendered and *kept* alkaline, and that if the ulcer is never worried by acid it will heal. Dr. Hurst's treatment, which is by far the most elaborate, is based on this theory.

Before dealing with this I should like to say a word about diagnosis and prophylaxis. The site of the pain to the right of the epigastrium close to the costal margin, the onset of the pain two to three hours after a meal, the periodicity of the attacks (early summer and autumn), the relief of the pain by the ingestion of food or alkalies, are all characteristic and well-known symptoms. In the later stages one gets evidence of septic absorption as shown by an unhealthy complexion and loss of flesh, symptoms of adhesions shown by a dragging pain up the œsophagus on twisting the body round, also an aching pain produced by riding a bicycle on bad roads. One may differentiate from gastric ulcer by the absence of vomiting, and the fact that the pain is relieved, not intensified, by food. Other conditions to be kept in mind are appendicitis—a common accompaniment, by the way, of duodenal ulcer—cholecystitis and pancreatitis. There is, as a rule, no jaundice with duodenal ulcer. As regards appendicitis, many cases of duodenal ulcer have been cured by the removal of the appendix, and any operation for the cure of the ulcer should be accompanied by an examination of the appendix and its removal if it is in the slightest degree abnormal. I will not enter into the details of X-ray examination, by which the rate at which the bismuth meal passes through the pylorus and the peristaltic movements throw additional light on the condition. Hæmorrhage, of course, may occur, and may indeed be the first symptom. A careful examination of the stools in a doubtful case may reveal occult blood: there may be distinct melæna or there may be violent hæmatemesis. On the other hand, perforation, with its grave abdominal symptoms, may be the first sign of a duodenal *or* gastric ulcer.

Prophylaxis between the attacks is easier to talk about than to carry out. One feels perfectly well, one hopes that the last attack will really be the last, and it is difficult for a healthy man to be strictly dieted. But one can exclude septic foci such as the teeth and nasal sinuses, and see that constipation is avoided. Such articles of food and drink as pastry, new bread, new potatoes, coarse vegetables, raw fruit, fruit containing seeds, strong tea or coffee, aërated drinks, preferably all alcohol are best avoided. The less starchy food taken the better. Curries, vinegar and things which strongly stimulate the formation of gastric juice are particularly to be cut out. One should eat slowly and thoroughly masticate, and avoid long intervals between meals. And, lastly, never go out without a supply of soda-mint tablets.

Coming to the question of *treatment*, we are up against the old problem as to whether medical or surgical measures are to be taken. Although I have myself been most successfully treated surgically, I can remember many cases of undoubted duodenal ulcer which have healed without

any drastic treatment, and I am in no hurry to advocate operation except in cases such as I shall enumerate later. Some cases, however, go on until they either burst or bleed, or are operated on, in spite of all you can do. I think every ulcer ought to be given a chance to heal, but there is very often a difficulty about treatment. Energetic medical treatment means rest in bed on a very careful diet for several weeks. Discussing this with a medical friend, he said: "If you are going to bed for several weeks you might as well have a laparotomy done; it won't take any longer than medical treatment, and is far more certain of cure." That is the surgeon speaking of the well-established case where you have to take energetic measures of some sort, but there are lots of mild cases where the man keeps at work—his work is generally of a sedentary character; he cannot afford the time or money for energetic medical or surgical treatment, and, in fact, he does not feel bad enough for either. But that man is always in danger. Don't let him go for a holiday where he is out of reach of expert surgical help should that be necessary. What can we do for this man? He can be dieted on the lines already indicated, he can avoid cold and fatigue, he can have his teeth, nose and throat examined and sterilised. He can have a mid-morning meal of milk and a night-cap of more milk containing magnesia, or a cup of Benger. You treat him medicinally on the lines, as far as possible, that I am about to indicate. He must live hygienically and we must hope for the best. All this is quite easy and the man may get a lot better, but he is not necessarily cured. He may come back again next year and you then have to decide on something more energetic. You can't go on treating this man in an ambulatory fashion indefinitely, and simply relieving his pain with large doses of alkalies. Has anybody here ever tried the effect on his own system of the prolonged ingestion of large doses of alkalies? Few things I imagine make you feel more miserable. Another drawback I soon discovered was that the excess of alkali delays gastric digestion and I got the most frantic dyspepsia. The pylorus opens when the stomach contents get acid. If they do not get acid the pylorus remains shut or only partially open, and you get stasis of the stomach contents. They call that pyloric spasm. I do not think it is a spasm but simply a lack of the natural call. At any rate I found that if the pain came on as the time for a meal approached, I dared not take the alkali for fear of the resulting dyspepsia. Hence my irritation if I was late for a meal or a meal was late in appearance. Apart from the depression caused by the alkali treatment and the resulting dyspepsia, the victim of a duodenal ulcer feels fairly well, and between the attacks quite well. If one can ward off the pain by taking nourishment at the proper times, I see no reason in theory why one should not go on indefinitely. The appetite is good—too good in fact, because in this condition the stomach contents seem to pass on too quickly. There is no vomiting or nausea, and until one gets dyspepsia, as I say, one is pretty fit. But, especially in our profession, where one's work is so irregular, one cannot go on with this sort of thing indefinitely. It is, moreover, a very harassing condition. One may think—if I can keep off the pain for a week or two by taking food at the proper time I shall heal up; but one is haunted by the fear that if one of these meals be missed the whole programme will be spoiled. All this is the experience of an ambulatory case—the case of the man who hopes that he can get to the bottom of his trouble without sacrificing his time and means of livelihood.

All this fails: the case recurs; further treatment is called for. The alternatives are, active medical or active surgical treatment. The decision in each case has to be come to on its merits.

The medical treatment laid down by Dr. Sippey as quoted by Dr. Hurst (*British Medical Journal*, April 24th, 1921) is put as briefly as possible as follows: Rest in bed except for a daily bath and the use of the night stool. Five oz. milk and cream together with gr. x sodium citrate dissolved in dr. ij emulsio magnesiæ are given every hour from 8 a.m. to 8 p.m. Immediately before alternate feeds beginning at 7.30 a.m. ½ oz. of olive oil is given. This inhibits the formation of gastric juice and is a highly nutritive food into the bargain. Immediately before the remaining feeds tr. belladonna ♏ v, which has the same effect, is given. Half-an-hour after each feed and at 9, 9.30 and 10 p.m. a powder of gr. x calcium carbonate and gr. xxx bismuth carbonate are given in water. At 6 a.m. ½ oz. of bismuth carbonate shaken up in 5 to 10 oz. of water is swallowed, and the patient lies on his right side or in such a position that the powder is likely to come in contact with the ulcer. This forms a protective covering to the ulcer, and at the same time neutralises any acid present and calls forth a local secretion of protective mucus. Thus the contents of the stomach are kept neutral or alkaline from 6 a.m. to 10 p.m. But you must prevent hyper-secretion of gastric juice during the night; otherwise the ulcer cannot heal. So at 11 p.m. you completely empty the stomach by Senoran's evacuator; if not more than 2 oz. of fluid are present on two consecutive nights this can be discontinued. If half a pint or more is removed at 11 p.m. the stomach should be evacuated again at 1 a.m. At 11 p.m. atropine sulphate is injected subcutaneously in order to inhibit the further secretion of gastric juice; the largest dose which does not produce unpleasant dryness of the mouth should be given, beginning with gr. $\frac{1}{50}$. The alkaline powder should be given at the same time, and if more than 2 oz. of fluid were evacuated it should be repeated every two hours through the night. In most cases the continued nocturnal secretion is rapidly controlled by this treatment. The bowels are regulated by the magnesia and an enema given if required. If diarrhœa occurs some of the magnesia is replaced by an equal quantity of bismuth. This treatment is continued until the patient has had no symptoms for three weeks, when the diet can be rapidly increased within

the limits laid down under prophylaxis. For at least six months the patient should be instructed to take the alkaline powder or a small feed as nearly as possible at hourly intervals between meals.

Such is the active medical treatment of duodenal ulcer, and you will agree, I think, that it requires a vast amount of patience and attention to details, and could, of course, only be carried out effectually by trained hands or in a hospital or nursing home.

What is the result of all this? The ulcer is healed, but it is not safe to assume that the patient is cured. Some indiscretion in diet, some exposure to cold or fatigue, may produce a recurrence of the symptoms. In such a case the only remedy is surgical. Operative treatment is not to be undertaken lightly. Curiously the cases which do the worst after operation—that is, where there are unpleasant symptoms such as vomiting, regurgitation of bile, etc., are those where the operation has revealed the fact that no ulcer has been present. The chief indications for operation are: (1) perforation; (2) cases of pyloric obstruction or duodenal stenosis from scarring of healed ulcers; (3) when the symptoms recur after one or more courses of medical treatment. This category depends very largely on the patient's circumstances, mode of living, etc., the man of leisure being able to afford the time and money for further medical treatment. (4) When hæmorrhage has occurred more than once, especially in cases over middle age; (5) when there is a possibilty of a malignant growth being present. No. 3 category includes those cases where you have a patient who, like myself, is unable to submit to a long course of medical treatment at all, where there are definite signs of an ulcer being present and of long standing, symptoms also of some septic absorption, as shown by an unhealthy complexion, dirty tongue and loss of flesh; signs of adhesions forming, as shown by a sickening dragging pain on the stomach and œsophagus when turning suddenly round, and, in fact, a general feeling of "fed-up-edness."

I do not propose to enter into the details of the operation of posterior gastro-jejunostomy; suffice it to say that I went through it at Mansfield at the hands of Dr. Houfton on July 3rd, 1921. An ulcer about ½ in. in diameter with thickened edges was found on the lower border of the duodenum close to the pylorus. There were sundry adhesions on the anterior surface opposite the ulcer. There was no apparent dilatation of the stomach or thickening of the pylorus. There was some vomiting of blood within the first twelve hours, but after that there were no untoward symptoms beyond on two occasions some regurgitation of bile. Nothing was taken by the mouth for 24 hours. Washing the mouth frequently with cold water relieved the thirst, care being taken of course to avoid swallowing any. Next day I was given two-hourly feeds of 1 oz. of milk and water and in the evening a cup of tea. Next day and the following day some fish was given, and on the fourth day I was treated to a lamb chop and some peas and a new potato. I mention these details because I think patients are sometimes kept too long without solid food after operation. Of course a good deal depends on the quality of the cooking and the skill and reliability of the nursing. I was particularly lucky in this respect. The patient is allowed out of bed within a fortnight if all goes well and in less than a month he is back at home weak but happy. The greatest care must be taken with the food at first. The stomach should not be overloaded, particularly by fluids. It is best to keep the meals as dry as possible and avoid rich foods of all descriptions. Gradually a return may be made to ordinary but reasonable diet. Cold and fatigue must be avoided and the patient should not attempt serious work for at least three months. We do not nowadays anticipate peptic ulcers and the other horrors that used to follow the anterior operation. The ulcer should heal and remain healed now that the outflow from the stomach is diverted to another channel. Unless the stomach is unduly distended there does not seem to be any passing of the stomach contents through the pylorus, which of course might happen in those cases where there was no stricture of the pylorus. Another precaution is that the patient should not lie on his right side in bed for at any rate the first half of the night.

A lot more might be said on this very interesting subject. I hope I have not wearied you in my effort to provide a topic for what I am sure will prove a most interesting discussion.

A discussion followed the reading of the paper.

Dr. HOUFTON (Mansfield) said that from his experience of a large number of cases, very few of the chronic typical cases of duodenal ulcer either perforated or bled. Many which did so had been diagnosed and treated as cases of chronic dyspepsia. An interesting point was—what happens to the ulcer when the symptoms disappear between the attacks? It certainly does not heal. Discussion had taken place as to whether it was necessary to close the pylorus at the time of operation. His opinion was that this is not necessary, as the attachment of the jejunum to the stomach made the point of attachment in time the lowest point, and very little if any of the stomach contents passed through the pylorus.

Dr. STANLEY GREEN, who had suffered from duodenal ulcer for years and had a gastro-enterostomy done twelve years ago, pointed out that the disease seemed to affect those who were as a rule large bread-eaters. He quoted a case where the symptoms, which were of long standing, disappeared after the removal of a particularly septic tooth. The results of the operation in his own case had been good except for occasional attacks of heart-burn after taking tea or beef. He attributed this to the fact that in those days the stoma was not made as large as it is now. He referred also to the X-ray diagnosis, which in doubtful cases was of the utmost

value. Other points raised were the best position for the patient after operation, the necessity for enfolding the ulcer, the formation of adhesions, unpleasant after-symptoms, etc.

Mr. LOWE, in replying on the discussion, referred to most of the above points. As regards after-symptoms, the chief one immediately was the intense pain felt during the first week or two, whenever any tension was put upon the rectus muscle in the process of nursing. This could be obviated if the operation could be performed without splitting the rectus. Two other after-effects were (1) considerable difficulty in regulating the bowels, and (2) occasional dragging pains in the epigastrium. He attributed the first to the fact that he duodenum and a certain portion of the jejunum, the most useful portions of the small intestine from the point of view of digestion, had ceased to function, and there must naturally be some disturbance for a time at any rate with the natural process of assimilation. The second symptom he attributed to the fact that the stomach now was being pulled upon by a moveable portion of the intestine being attached to its lower border (which itself was liable to be pulled upon) as well as a more or less fixed structure, the duodenum. He had no fear of adhesions, which were well guarded against at the time of operation. As regards the post-operative position, he had found the sitting-up position quite comfortable except in very hot weather.

P.G.C.'S FOR G.P.'S.

THE recent helpful criticism of the Post-Graduate Classes raises once more what should be a hardy annual in the JOURNAL, under the Dog-day title, "Can Post-Graduate Classes be made valuable to the men for whom they are arranged?"

The beknighted teaching staff is yearning to shower blessings on the benighted provincials, only partly aware perhaps of the complicated culture (learned in historic schools, but quickly becoming prehistoric) which they adapt to the needs of the blacker heathen amongst whom they work.

As a vestigial coccygeal terminal, I venture to assert that the members practising in the provinces form the backbone of the profession.

What shall the skull teach to the backbone, the brain to the cord—wherein the vital centres lie?

Can any truth wreathe out of this bubbling cauldron of false similes and mixed metaphors? Surely the analogy of the upper neuron appears at once before our eyes—the Post-Graduate Course materialises.

The condition in need of treatment is the wasting of knowledge from disuse following loss of communication with the higher centres. Is it possible successfully to graft in the upper neuron area, and re-vitalise limbs grown rigid, or enlarge pupils inelastic through senility?

Those seeking knowledge are many—too many, but presumably classifiable.

Here are a few types.

The man appointed to the staff of a cottage hospital, with its vast responsibility, needs to review the possibilities of surgery, and to be inoculated (confound these buzzing metaphors!) with the confidence which is needful for efficiency.

The trend of national treatment is driving some men into specialities; they need a concentrated course of suitable animal extract—eye of newt or tongue of dog, nose of Turk or Tartar's lip, or liver of blaspheming Jew, or any other anatomical detail for which they intend to cultivate—or assume—expert enthusiasm.

Then there is the man of some leisure and sufficient means who can afford to spend a fortnight renewing old friendships, and taking mental delight in the fluctuations of thought amongst the leaders of medicine.

Occasionally practitioners are found who realise that they are out of date; others keep too much up to date, and their minds are lit chiefly by the flashlights of infallible cures set ablaze by commercial enthusiasm or by unjustified scientific optimism. Their dilemma is at least three-horned and monstrous: wholesale scepticism, which is improper; wholesale acceptance, which is impossible; or practice without belief, which is immoral. They need guidance to find the alternative, composed of knowledge and prophesy, caution and daring—of each equal parts.

Others are troubled with the eternally bicornual problem, recalled by the words mind and matter, hyperæsthesia and pain, inability and disability. Mental conditions have been grouped for generations under inaccurate and misleading terms—the shackles of progressive thought—neuritis, rheumatism and neurasthenia, and so forth.

Shall all be treated in our ignorance by suggestion, quackery, hypnotism, semi-demi-science, dream-dissection, etc., or shall the old soothing and easy alternative be continued, that of licking our readily adhesive labels, or shall someone discover, and then boldly teach us how to estimate the mental factor in real disease, in functional counterfeits, and in the common conglomerates?

Practitioners as a whole, I believe, do not care a pre-war tuppence how vaccines are made. They want to see cases cured, and to be enabled to go and do likewise. They have no desire to make pretty sparks in an X-ray room, but they want actually to see such a number of X-ray pictures as will convince them of the far-reaching accomplishments and possibilities of the sixth sense. They do not hanker to agitate peaceful streptococcal colonies with platinum needles, but want to know when to call in the aid of sera, and of surgery.

American *confrères*, and others from Europe, seek a com-

prehensive display which shall reveal the apparent progress of theory and the apparent progress of practice in this comparatively speaking sober old country.

All men in the practice of medicine need recurrent visits to that invaluable adjunct of the teaching hospital—the school of humility, which we used to dub the P.M. room. There death-certificates are treated as scraps of paper, confidence is judiciously shaken, and physician, surgeon and pathologist meet as allies in the face of overwhelming and victorious death, still wielding world-dominion.

The sight of a series of autopsies restores the power of penetrative diagnosis and reiterates the enlightening suspicion that "W. 1" is not yet the hall-mark of infallibility.

The budding surgeon needs his course, the isolated specialist must have his personally conducted tour, the foreign visitors would welcome a third variety, the general practitioners a very elastic fourth.

I doubt if any one hospital can run successfully a series of courses. The plan of a post-graduate hospital of the American type is hampered by difficulties amongst our jealous schools of teaching and of practice.

In one's dreams there is a central bureau furnished with a heavy pile carpet, a counter, a telephone, a pile of reference books, and three benevolent Fellows—an F.R.C.P., an F.R.C.S., and a Pathological Fellow. They receive politely strange requests: "Make me an efficient general surgeon before April 1st." "I am up for a special appointment in a provincial hospital in three weeks—prepare me." "I wish to become acquainted with all the latest in bacteriology, or radiography, or cardiography during my ten days' holiday." In twenty minutes a scheme has been planned out for each, embracing visits to half the hospitals in the metropolis, special evening grinds by enthusiasts, a course of reading, and a learned guardian angel, warranted angelic for the full fortnight. A cheque then passes, and when it is honoured the course begins, and the victim soon returns to practice satisfied and sated but not fed up. I some psycho-analyst would interpret this dream another fashionable cure of a common complaint might come to pass. The Editor will doubtless assure such interpreter that he will not be thrust into a pit or sold to Ishmaelites as was the pioneer dream analyser.

The coccyx has again shown itself to be of little practical use, and will doubtless fail to wag the dog since it must describe and subscribe itself.

VESTIGIAL.

THE BEGINNING OF THE END. CHIMNEY PRECIPITATED BY THE LADY MAYORESS ON APRIL 25TH.

By courtesy of the Topical Press Agency and the 'Daily Sketch.'

TERPSICHORANIA.

[*Synonyms:* CEREBROCRURALEXAGGEREXIA: DANCING-MADNESS.]

Definition.—A nervous disorder of unknown origin which attacks both sexes equally and simultaneously, and is characterised by rhythmical spasto-ataxic movements of the legs. It is thought to have no connection with chorea.

History.—The disease was well known to the ancients, in whom it was frequently associated with excessive alcoholism. The best English account is that given by Addison in 1744. (See the *Spectator*, vol. i.)

Ætiology.—It is a disease of comparatively early life. The commonest age is from 6 to 90. It is highly contagious, and occurs in pandemic form, especially during the winter months. The medical profession is particularly susceptible. Even hospital nurses are—rarely—infected. The church is said, by some authorities, to enjoy a certain degree of immunity. But Woffler claims to have produced dansiniform movements by injecting 10 c.c. of strong sulphuric acid into the sole of a bishop.

Pathology.—The disease is obviously an infection, but up to the present the causative organism has not been isolated It is therefore regarded as a "filter-passer."

There are no characteristic morbid changes, but in cases of extreme chronicity Shoeliss has noted ulceration of the feet.

Symptoms.—The attacks usually come on suddenly, but their onset may be insidious. They may be preceded by twitchings of the toes. An important point is their relationship to music. Many patients in whom the disease runs a chronic course will develop severe exacerbations on listening to a jazzical band or gramophone. Some persons are only attacked when under the influence of music, and in many cases the primary infection is directly attributable to the lowering of resistance produced by listening to a barrel-organ or concertina.

A typical attack occurs as follows:

The patient, if he be a man, approaches a woman similarly affected, and speaks a few quiet words to her. Usually they have, previously, been introduced, but (in certain circles) this is not invariable. He gently places his right hand upon her back and his left upon her right hand or wrist, "as though palpating for vocal fremitus and feeling her pulse simultaneously" (Krazi).

They then stroll off together, their movements exhibiting the characteristic gait—sometimes sliding, sometimes tripping, sometimes whirling in a wheeliform manner. After about ten minutes (at a point usually coinciding with the cessation of a particular piece of music) the attack subsides, and both parties retire to seek rest and refreshment. This apparent recovery is, unfortunately, but temporary. In a surprisingly short space of time each patient is liable to suffer a severe relapse in which the whole painful process is repeated. Pyrexia is noted, as a rule, at the conclusion of about eight or ten relapses.

Diagnosis.—In advanced cases this presents no difficulty. In the early stages it is not so easy. The suspicion of the medical man should be aroused by any tendency to "beat time with the feet" when listening to music, or any marked propensity for "late nights" exhibited by his patients.

Prognosis.—On the whole this is very unsatisfactory. Some cases make a good recovery under proper treatment, but a vast majority remain hopelessly incurable, and dance themselves into matrimony or the grave.

Treatment.—(1) *Surgical:* Amputation of both legs is said, in a few instances, to have proved beneficial.

(2) *Medical:* Since music has been shown to have so definite a bearing on the onset of the disease, it is obviously necessary that patients should be segregated together in strict silence. They should be housed in special wards (male and female respectively), of which the floors are covered with sandpaper or a thin layer of glue. Any polished ground-surface is exceedingly likely to give rise to symptoms in susceptible persons.

The diet should be plain and wholesome. Alcohol and ices should be strictly forbidden.

No drugs are of any real value. Even salicylates are apparently useless. Large doses of ol. ric. are said to have produced a temporary inability to enjoy an attack.

Above all things, the doctor must remember that terpsichorania is a *contagious* disease.

It is only by rigid isolation of suspected persons and exhaustive bacteriological research (in his leisure hours) in the near future that he can hope to combat successfully what has been rightly called "the bane of puritanical society."

F. GREEN.

OUR PRIZE COMPETITION: RESULT.

WE have learnt a lot. We have been overwhelmed with entries for our competition. We little knew how badly most of our readers needed a shilling; nor how many of them were potential Poet Laureates; nor how many sufferers from syringomyelia were called Amelia or Ophelia or Celia or lived in Roumelia. The incidence of pneumonia on young ladies named Sonia is also very high. It cuts us to the heart not to give the shilling to dozens of competitors (but we won't).

The Prize—the Magnificent Prize of One Shilling—has been won by a doctor from the North of England, who has sent two excellent efforts, but who wishes to conceal his identity under the initials "W.W." (No, suspicious

reader, we haven't kept the shilling ourselves. There really is such a person.)

His first poem is truly educational:

"A lady whose name was Ophelia
Had the signs of syringomyelia.
So they tested her skin
To heat, cold, and a pin,
But each time she declared, 'I don't feel yer!'"

And what can beat this for dramatic effect?

"A professor whose playful delight is
To tap every case of ascites,
Had a horrible qualm
When he heard with alarm
A pop—it was just tympanites."

So we have sent W.W. a postal order.

We end by congratulating ourselves that such easy words were set. Three was the minimum number of entries for any word. And we congratulate the two enterprising people (one was a nurse) who submitted limericks for every word.

DISRESPECTFUL DITTIES.

I. THE FACIES HIPPOCRATICA.

Hippocrates, the Grecian sage,
Adored the verdant young greengage.
Alas, one day our sage was seen
To eat no less than seventeen. . . .
Appalling must his pains have been;
His face no longer calm, serene,
Assumed a simply ghastly green;
And his expression symptomatic,
Has since been known as Hippocratic.

II. SYDENHAM'S CHOREA.

Sydenham felt so spry and hearty;
Sydenham held a children's party;
Gave them cakes and crackers, and
Let them dance to his nice jazz band.
The tunes are gay; the tunes are bright;
Sydenham's children dance all night,
Make queer faces as round they go,
Wiggle a finger and waggle a toe.
Wild was the dance: as there had to be a
Technical term, it was called "Chorea,"
And soon he wished that he never had bidden 'em;
Far less spry felt poor old Sydenham.

GEMINI.

SAMPLES.

(Taken from letters of sailors' and soldiers' wives written to the authorities concerned with the payment of separation allowances.)

Supplied by CECIL TERRY, M.A., M.B., B.Ch.(Oxon.), M.R.C.S.

(1) "My Bill has been put in charge of a spitoon, shall I get any more pay?"

(2) "We have received your letter. I am the grandfather and grandmother. He was born and brought up in this house in answer to your letter."

(3) "My husband has been away Crystal Palace and got four days' furlong and has gone away to the mind sweepers."

(4) "I write these few lines for Mrs. Morgan who can't write herself, she is expecting to be confined and can do with it."

(5) "In accordance with instructions ring paper I have given birth to a daughter 1st of April."

(6) "You have changed my little boy into a little girl, will it make any difference?"

(7) "I am expecting to be confined next month will you please let me know what I am to do about it?"

(8) "Unless I receive my husband's pay at once I shall be compelled to lead an immortal life."

(9) "In answer to your letter I was ill in bed with Happendesittis it will be useful now."

(10) "I have not received no pay since my husband has gone from nowhere."

(11) "Mrs. Haynes has been put to bed with a little lad, wife of Peter Haynes."

(12) "Will you please send my money as soon as possible as I am walking about Boston like a ——— pauper, and oblige?"

ORAL SEPSIS AMONG THE ROMANS.

(*Martial:* Epigrams V, 43.)

Læcania's teeth are snowy, Thaïs' brown:
—Læcania bought hers, Thaïs has her own!

ALEX. E. ROCHE.

STUDENTS' UNION.

ASSOCIATION FOOTBALL.

SENIOR INTER-HOSPITAL CUP. FINAL TIE.

ST. BARTHOLOMEW'S HOSPITAL *v.* GUY'S—1ST REPLAY.

Through the kindness of the Dulwich Hamlet F.C. this match was played on the ground of that Club at Champion Hill on March 14th, and in spite of the fact that two periods of extra time were played it had again to be left drawn with two goals apiece.

Excellent conditions prevailed, and a thoroughly interesting game resulted. Bart.'s were represented by the same team which drew the previous week, except that Morton replaced the injured Coldrey at back.

The opening exchanges were all in favour of Guy's, who played like a winning side. Our men, on the other hand, indulged in far too much wild kicking and could not seem to settle down.

This depressing period passed, fortunately, after Lloyd scored one of his typical goals—a good first time long shot which had the Guy's custodian beaten all the way. From this point until half-time we quite held our own.

It was immediately following the breather that we had our worst shock. Guy's attacked strongly and quickly scored a goal to equalise, following it immediately with another while our men were suffering from the discomfiture of the first. This second goal was due to a misunderstanding between Ward and Lorenzen, the latter player going for the man instead of the ball, and so allowing another Guy's forward to slip through and score easily. These two reverses temporarily threw our side out of gear, but they quickly pulled themselves together under the stimulus of wild entreaties from their followers (ably led by Bill Last), and were rewarded for their great efforts with a goal scored just on time by Ross from a splendid centre by Parrish. Full time arrived with two goals each.

During the extra time, fifteen minutes each way, Bart.'s were by far the better side, yet Guy's missed one chance of scoring, the best they had had during the whole match. In spite of our superiority we were unable to get the vital goal, and extra time ended with the score unaltered. Ten minutes extra each way was decided upon, and the game continued all in favour of Bart.'s. One great individual burst by Lloyd nearly brought the winning goal, but he had no luck with his shot. Lorenzen, Dick and Oldershaw had by this time completely mastered the opposing forwards, and the end came just in time to save Guy's from almost certain defeat.

Ward was good in goal. Caiger and Morton at back were sterling defenders; the latter must be congratulated upon making such an excellent show in an unusual position, and proved worthy of the honour of deputising for Coldrey. Dick was the best man on the field, while Lorenzen and Oldershaw were great in defence. All the half-backs, in the early stages of the game, failed to give the forwards the passes they needed. On the whole the defence was very sound.

The forwards were not so impressive. As a line they lacked cohesion, and we looked in vain for anything like combination; this may have been due partly perhaps to the above-mentioned fault of the half-back. Lloyd and Parrish did most of the good things, though all must be praised for their strenuous work. It speaks well for the fitness and training of each one that they held and subsequently subdued such a good side as we know Guy's to be.

Bart.'s: L. B. Ward, *goal*; J. A. Morton, G. H. Caiger, *backs*; H. L. Oldershaw, A. C. Dick, A. E. Lorenzen, *half-backs*; G. R. Nicholls, A. Ross, E. I. Lloyd, R. W. Savage, J. Parrish, *forwards*.

SENIOR INTER-HOSPITAL CUP. FINAL TIE.

ST. BARTHOLOMEW'S HOSPITAL *v.* GUY'S—2ND REPLAY.

The third and last meeting of these two teams in this year's contest took place on March 21st at New Beckenham on the Lloyd's Bank Athletic Ground, when Bart.'s proved victorious by two goals to one. The same team turned out as in the last replay.

A strong wind, a light ball and a bumpy ground combined to defeat both sides in their endeavour to play football, yet we won because we had three men who could use other parts of their anatomy to very good purpose. These were Lloyd (inside of head), Morton (outside of head), and Ward (both fists). It was brainy work on Lloyd's part almost to sit on the Guy's goalkeeper during the first half when we had the wind in our favour, for he was then able to get back a short pass for Ross to score the first goal, and was later in a position to take the ball from the custodian's hands and score the second one himself. Morton's headwork (usual football kind) was the sensation of the match, and because of it, together with some splendid tackling in the second half, he must be given place of honour as best man on our side. Ward runs him pretty close, for he gave a first-class exhibition of big punching under most difficult conditions.

Of the rest of the side all did well. The defence, as usual, showed to much greater advantage, our half-backs, in my humble opinion, being good enough to hold most amateur forward lines, and they have been throughout the competition the great strength of our side.

A good following of supporters cheered the victory of Bart.'s, among whom we were glad to see Sir Charles and Lady Gordon-Watson, Dr. Drysdale, Mr. Foster Moore, Dr. Gow, and two distinguished members of the Nursing Staff.

Lorenzen received the cup at the conclusion of the game, and it has been rumoured that this highly-prized bauble (not Lorenzen, of course) had something of an adventurous career during the subsequent few hours of its existence. However, it eventually came to rest on the Library table, where it should stay for many seasons if we can retain the services of this year's gallant cup team.

JUNIOR INTER-HOSPITAL CUP. SEMI-FINAL.

ST. BARTHOLOMEW'S HOSPITAL II *v.* ST. THOMAS'S II.

Played on Tuesday, March 14th, at Winchmore Hill. During the first half the Hospital second string, aided by a strong wind and three capable halves, penned in their opponents. The forward line was very weak and lacked cohesion, and except for an occasional shot by Clark never looked really dangerous. In the second half matters were more even, and after Morton had scored there was a distinct improvement in the play. Thomas's soon equalised, however, but later a well-directed shot by Anderson put Bart.'s ahead again, and just before the finish Morton sent us further ahead. E.W.C. Thomas at centre half was the pick of the defence, and in the second half Morton did excellently at forward. Result: St. Bart.'s II, 3; St. Thomas's II, 1.

Bart.'s: R. W. H. Tincker, *goal*; J. S. H. Wilson, D. Diamond, *backs*; E. S. Evans, E. W. C. Thomas, J. G. McMenamin (Capt.), *half-backs*; B. L. Jeaffreson, J. A. Morton, A. Clark, R. S. Anderson, F. Asker, *forwards*.

JUNIOR INTER-HOSPITAL CUP. FINAL.

ST. BARTHOLOMEW'S HOSPITAL II *v.* GUY'S II.

Played on Saturday, March 25th, at Winchmore Hill. Early efforts by Guy's were successfully checked by the home backs. Play was then transferred to the other end, where neat work on the right wing ended in Maingot almost bundling the ball through. Just before half-time, Guy's, taking advantage of a miskick, opened the scoring. Soon after the restart an admirably placed pass by Maingot enabled Clark to chase through and equalise. A little later, following an excellent centre from Asker, McMenamin found himself with an open goal, and, making no mistake, placed Bart.'s ahead. Guy's were not to be denied, however, and had soon levelled matters once again. A quarter of an hour from the finish an individual effort by Clark resulted in a third goal to Bart.'s. No further scoring took place, but the Guy's left wing caused much trouble and showed excellent understanding. Tincker, in goal, played brilliantly, running out with great effect. Clark was on top form, and his two goals came as a fitting reward. Result: St. Bart.'s II, 3; Guy's II, 2.

Bart.'s: R. W. H. Tincker, *goal*; J. S. H. Wilson, D. R. Diamond, *backs*; E. S. Evans, E. W. C. Thomas, R. S. Anderson, *half-backs*; B. L. Jeaffreson, J. G. McMenamin (Capt.), A. Clark, R. H. Maingot, F. Asker, *forwards*.

The following gentlemen have been awarded honours for the past season, 1921–2: A. E. Lorenzen (Capt.), G. R. Nicholls (Vice-Capt.), E. A. Coldrey, E. I. Lloyd, H. L. Oldershaw, G. H. Caiger, A. C. Dick, J. A. Morton, A. E. Ross, R. W. Savage, L. B. Ward.

THE ASSOCIATION FOOTBALL CLUB DINNER.

The Dinner of the Association Football Club was held at Oddenino's Imperial Restaurant on April 7th. Sir Charles Gordon-Watson, President of the Club, was in the Chair, and the company included Mr. Foster Moore, Vice-President, Sir Thomas Horder, Dr. A. E. Gow, and the Rev. R. J. Craggs.

After the loyal toasts has been honoured, Sir Charles submitted the toast of "The Soccer teams." He said that this year two records had been set up, for never before had Bart.'s held both Senior and Junior Inter-Hospital Cups at the same time; also he believed that the three meetings which were necessary to decide the Final made another record.

Mr. A. E. Lorenzen (Capt.) responded to the toast with his characteristic modesty.

Both Mr. Foster Moore and Dr. A. E. Gow, speaking in humorous vein, created some considerable amusement, while later in the evening Mr. S. Jenkinson proved himself an after-dinner speaker of the first water.

Throughout the evening Dr. Stanley White and the Bart.'s Jazz Band provided musical interludes, which were exceedingly well received and greatly appreciated.

At the Annual General Meeting of the Association Football Club the following gentlemen were elected officers of the Club for the forthcoming season, 1922–3:

President.—Sir C. Gordon-Watson, K.C.B., C.M.G., F.R.C.S.

Vice-Presidents.—Mr. Holmes Spicer, F.R.C.S., Mr. Foster Moore, F.R.C.S., Dr. A. E. Gow.

Capt., 1st XI.—A. E. Lorenzen.

Vice-Capt., 1st XI.—H. L. Oldershaw.

Hon. Sec., 1st XI.—A. C. Dick.

Capt., 2nd XI.—J. A. Morton.

Hon. Sec., 2nd XI.—R. W. H. Tincker.

Capt., 3rd XI.—S. Jenkinson.

Hon. Sec., 3rd XI.—C. M. Jennings.

Three extra Committee men.—E. Coldrey, G. R. Nicholls, G. H. Caiger.

CRICKET CLUB.

Cricket, although played in a casual manner on the sea shore, is a game which above all others demands serious and constant practice, especially if the players are to attain that great skill which is desirable in a team representing this ancient institution.

Since this is so the Committee would like to impress upon all old supporters of the Club and others desirous of taking part in the fielding practice afforded by our opponents, that the nets are now available for use.

The first match will be played on May 6th at Winchmore Hill.

For other fixtures see Calendar.

J. PARRISH,
Hon. Sec., C.C.

REVIEWS.

THE PRACTITIONER'S MANUAL OF GYNÆCOLOGY. By A. C. MAGIAN, M.D. (London: Wm. Heinemann [Medical Books], Ltd.). Pp. 436. Price 21*s.* net.

THE TREATMENT OF COMMON FEMALE AILMENTS. By FREDERICK JOHN MCCANN, M.D.(Edin.), M.R.C.P.(Lond.), F.R.C.S.(Eng.). (London: Edward Arnold & Co.) Pp. 152. Price 8*s.* 6*d.* net.

We group these two works together because they are both addressed to the general practitioner, and both deal with the same subject, though Dr. Magian's work is materially fuller and is illustrated.

There are few cases more troublesome to the general practitioner than some of the patients suffering from the disorders of women.

So much of this work is empirical, and will be till the co-relation of the endocrine glands is more fully known.

Dr. Magian's book is well produced. It contains little, if any, new knowledge, but will serve as a compendium of facts on this subject. We feel that he is over-estimating the amount of operative technique that the practitioner will need to know, and recommend him to use his scissors towards the end of the work in the next edition. The chapter on diagnosis is especially good.

Dr. McCann's shorter book is, we think, more suitable for the intended purpose. We like his style. It is unpretentious and yet contains the facts, and it is quite delightfully and unashamedly intimate. "Now, with regard to inevitable abortions. What is to be done for them? Supposing you are called to a case where an abortion is inevitable, where there has been free hæmorrhage and the ovum is protruding, what is to be done? You, of course, cannot wait there all night, and you must do something. The best treatment is . . . ." and so on. Dr. McCann tells you what to do. We thank him for an excellent and helpful little book.

BLOOD TRANSFUSION. By GEOFFREY KEYNES, M.D., F.R.C.S. (London: Henry Frowde & Hodder & Stoughton.) Pp. 166. Price 8*s.* 6*d.* net.

It is a pleasure to be able to review a book by yet another ex-member of the Editorial Staff of the JOURNAL. (So many editors of this JOURNAL take to writing books in after-life that we are beginning to be afraid for ourselves.) This book, which is in the well-known binding of the Oxford Medical Publications, not only describes clearly the indications for and technique of blood transfusion, but discusses at some length the history of the subject and the physiology and pathology of shock and of blood-groups. The author describes in most detail the technique he is accustomed to use himself; he does not mention one of its main disadvantages—the necessity for starting with a given calculated amount of sodium citrate, when unforeseen circumstances may cause less than the corresponding quantity of blood to be withdrawn from the donor. The book is a notable achievement, and may be confidently recommended to those interested in the subject; the bibliography at the end is presumably the fullest in existence and contains over 300 references.

THE RELATIONS OF TUBERCULOSIS TO GENERAL BODILY CONDITIONS. By F. PARKES WEBER, M.A., M.D., F.R.C.P. (London: H. K. Lewis & Co.) Pp. 27. Demy 8vo. Price 2*s.* 6*d.* net. Paper covers.

This pamphlet contains the First Mitchell Lecture of the Royal College of Physicians. It deals with the portal of entry of tubercle into the body and with the effect on tuberculosis of diabetes, gout, heart-disease and various other ailments. An appendix gives the literature of "spontaneous idiopathic pneumothorax."

MEDICAL OPHTHALMOLOGY. By R. FOSTER MOORE, O.B.E., M.A., B.Ch., F.R.C.S. (London: J. & A. Churchill.) Pp. viii + 300. 80 illustrations. Price 15*s.* net.

This is a book, excellently got up, which contains all that the physician or student needs to know about ophthalmology in connection with general medical diseases; and, as our readers are aware, Mr. Foster Moore is an authority on this subject. The first chapter deals with certain general eye symptoms without special reference to any disease in particular. In later chapters medical diseases are roughly grouped and the ocular findings described. While most attention is given to ophthalmoscopic findings, the reader will find excellent accounts of other eye signs and symptoms, such as ocular palsies, nystagmus and the various signs in Graves's disease. There are full references and the figures are lucid, though there are no coloured plates. We hope that the book will blossom out into colours in the later editions which are sure to be called for presently.

INTERNAL SECRETION AND THE DUCTLESS GLANDS. By SWALE VINCENT, LL.D., D.Sc., M.D., etc. Second Edition. (London: Edward Arnold & Co.) Pp. 442. Price 25*s.* net.

It is ten years since Dr. Swale Vincent's work on the ductless glands was published. At that time endocrinology was not as popular as it is now, when every practitioner is conversant with some of the main developments in this department of medicine. The present edition contains much new matter, but the book is not enlarged. Each of the glands is discussed in great detail, and at the

conclusion of the book there is a chapter on the inter-relationship of the organs of internal secretion. We could wish that this had been longer, for in our opinion the glands can only be adequately studied as they are related to one another.

The book is well illustrated, and the *format* is good. It should be read by students after they have passed their first professional examination and after they have graduated.

We expect that in future editions the author will be compelled to leave out some of the comparative anatomy in which he evidently delights.

INTRINSIC CANCER OF THE LARYNX AND THE OPERATION OF LARYNGO-FISSURE. By IRWIN MOORE, M.B., C.M.(Edin.). (London: University of London Press.) 46 Illustrations. Pp. 147. Price £1 net.

A monograph dealing with one operation necessarily appeals to a limited number of surgeons. In this case the appeal is to laryngologists particularly; and the author has dealt so carefully and minutely with the details of an elaborate operation that all beginning to specialise in this branch must needs now read his book before attempting it.

It is not likely that the monograph will fall into the hands of many general practitioners. This is a pity, for the author quotes a leading authority who, referring to twenty-three cases of cancer of the larynx which he had seen, states that only one was in its early stage; and his advice is that "anyone of cancer age complaining of hoarseness, which lasts for more than six weeks, should be kept under careful observation."

CORRESPONDENCE.

GROUP CLINICS.

To the Editor of the 'St. Bartholomew's Hospital Journal.'

SIR,—Through the courtesy of a friend my attention has to-day been directed to the March issue of your JOURNAL, and to Sir Thomas Horder's suggestion—included in his address to the Abernethian Society—that, as a generous concession, I may perhaps be allowed "decently to bury" some words I am reported to have spoken at the discussion on "Group Clinics" at the Royal Society of Medicine in June, 1921. Now had such a course of conduct been necessary for me, or even advisable, I should be far from reluctant to be beholden to Sir Thos. Horder's generosity. On the present occasion, however, I do not feel the need of this gracious shelter: nor do I propose to seek it. The material facts are very simple. It appears that my remarks, made at the discussion in question, were reported in the *Lancet*, and that the reporter there records under my name the sentence, "The aim of scientific research is the discovery of truth; the aim of medical practice is to cure the patient." I do not for one moment question the accuracy of the report, though at this distance of time I cannot pretend to remember the exact words employed. Some days after the discussion I wrote out my speech from memory (aided by some rough notes), and this writing was published in the *Medical Press and Circular*. In these circumstances it is hardly surprising that the two records do not agree in detail, and I gather from Sir Thos. Horder's address that the later record does not contain the above-quoted phrase, and that, in its place as it were, I write, "The aim and spirit of scientific research are not identical with the aim and spirit of medical practice."

Upon this difference, such as it is, Sir Thos. Horder advances the innuendo that I am anxious "to bury" my spoken proposition, or to withdraw it from observation under a cloud of words of other and different meaning and he proposes that by a stretch of generosity I may perhaps be graciously allowed so to do. Will you permit me, Sir, to assure him that, so far as I am concerned, his capacity for generous consideration may remain unstrained? The incriminated sentences, at least as I read them, amount to one and the same thing, and though the words differ there is no conflict in the sense. Indeed, on re-reading them, I am inclined to express a paternal preference for the more epigrammatic phrasing, and to regret that this form of words did not revive in my memory when I was writing my personal contribution for the press. So far, therefore, from soliciting from Sir Thos. Horder a charitable funeral for my spoken phrase, I am obliged to him for conferring upon it a vitality and distinction which, but for his intervention, it could never have hoped to enjoy. My one regret is that he should have been so ready to translate a difference—surely hardly more than verbal—between two accounts of one and the same speech into a suggestion either that I have not sufficient courage to defend my spoken word, or, alternatively, that I have failed in the grace of open confession of error.

On the merits of the doctrine which the phrases affirm—whether the one or the other—I remain quite impenitent. What is generally, though perhaps somewhat loosely, called pure science or scientific research, pursues truth by methods which know no limitation other than those prescribed by municipal or moral law; the fate of the individual test-tube or of the individual guinea-pig is not even dust in the balance, and utilitarian values are largely or entirely out of the reckoning. But medical practice is first and foremost, and all the time, the care of living men and women, and while fulness and accuracy of knowledge are doubtless highly to be desired, they are to be pursued here only in so far as they conduce to the patient's personal welfare. In the one case the aim is truth at all hazards; in the other truth in so far as it is compatible with the interests of the patient—with the interests, that is, of the individual unit who is the central point of the inquiry.

Sir Thos. Horder writes, "I regard every obscure case of illness as a problem for scientific research," and provided he will omit the word "obscure" (I suggest no funeral) and will translate "scientific research" as the orderly and accurate collection of facts and the study of these with a view to the patient's welfare, I am in entire agreement with him, as are doubtless all other practitioners of the medical art. If in addition to this main aim, and in harmony with it, the practitioner can add to the body of pathological or therapeutic truth, so much the better. But this latter enterprise, at least as I read the rules, must stand in a secondary, subordinate and postponed position; and it is, I submit, on such an understanding that the patient commits himself to the care of the physician, and the physician in turn accepts responsibility and takes his fee. If Sir Thos. Horder cares to apply to these well-established and generally-adopted medical methods the term "scientific research," the effect as sound may be impressive, but substantially nothing is changed. In the examination of a patient's excretions, etc., in a laboratory there is no more "research," and no less, than there is in the classical methods of physical diagnosis, or in the use of various instrumental aids to exact clinical observation and record. All these modes of investigation are universally acknowledged, and the application of them to individual sick men and women is medical practice. On the other hand, "scientific research," at least as I understand the term, is directed, not to the detection or verification of a fact or a series of facts in an individual or personal problem, but rather to an ordered attempt by observations, by experiments and by allied methods, to establish some new fact or doctrine, and I should be surprised to hear that practising physicians in any number would be willing to dub themselves research scholars or workers. In one sense, everyone engaged in an attempt to discover truth is engaged in research. But it is not in this loose and general meaning that the phrase "scientific research" is commonly employed, nor are endowments for such a purpose directed by so catholic an interpretation.

The phrase which Sir Thos. Horder, in the exercise of his good-will, imagines I am anxious "to bury," expresses in brief form the distinctions I have here endeavoured to emphasise, and while I am nothing loath to accept generosity when (as well may be the case) I need it, I am little inclined to welcome it when imposed on me in the form of a superfluous and unsolicited recommendation to mercy.

I am, Sir,
Yours faithfully,
C. O. HAWTHORNE.

63, HARLEY STREET, W. 1.;
March 30th, 1922.

DRUGS AND THE CURE OF DISEASE.

To the Editor of the 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—The progress of modern medicine has confronted the general practitioner with a situation which is almost tragical.

The general public used to believe, and a good many still believe, that the medical practitioner was able to cure diseases; indeed years ago the medical practitioner might have thought so himself. But since the discovery of germs as a causative agent in diseases it has become quite clear that medicines in the ordinary sense have no part in the cure of disease. The patient, in fact, gets well in spite of the medicine. This was recognised by the profession, but not by the public, and so the practitioner had to continue giving medicine as a "placebo," or the patient would consider that he was not properly treated. It was even found that the taking of coloured water had a distinctly good effect on the patient, acting apparently by suggestion.

Drugs which relieve pain of course are placed in a different category, and are most useful for that purpose.

The cure of a purely medical disease has, I believe, never been accomplished, unless pediculosis, scabies, and some of the grosser parasites, such as tapeworm or ringworm, can be counted as medical diseases.

The bacteriologists and pathologists supplied the medical practitioner with antitoxins and vaccines, but these were found to be almost useless in the cure of disease, though some were very powerful protective agents in such diseases as tetanus and enteric. The study of organo-therapy gave some help in a case like myxœdema, but it cannot be considered a cure, for the treatment has to be continued indefinitely.

The psycho-analysts have recently come forward to treat our neurotics—those patients whom we had almost considered hopeless. These new psychologists start by telling us that everyone is a little mad (I suppose they include themselves), and that neuroses are caused by "repressed complexes," and that if these are brought to light and the patient convinced that they have been the cause of his disease then he gets well at once. But in my experience, if you can convince a neurotic patient of anything relating to his health he may get rapidly well, unless, as sometimes happens, he gets much worse. When I found that it had taken three years to discover one patient's "repressed complexes" I had my doubts as to the success of the treatment in general practice.

A French gentleman has recently introduced a new method of treatment, or at least a modification of one of the oldest therapeutic agents, and that is the treatment by "prayer." But he informs us that for two thousand years we have been saying the wrong prayers, and saying them in the wrong way. The new prayer is, "Every day in every respect I get better and better," and not, "Lord have mercy upon me a sinner"; and this should be repeated, not thoughtfully and fervently, but thoughtlessly and listlessly. I wonder which of these methods will survive?

We have, of course, learnt much as to the nursing and feeding of patients in disease, but the chief use of the medical practitioner seems to be making the diagnosis and giving the prognosis.

The relief to the patient and his friends when the medical practitioner can give a favourable prognosis is the one thing where his skill can be demonstrated and proved.

In 999 cases out of 1000 he is right, but these cases which should redound to his credit are not counted to him for righteousness, and the one case in which he may have been wrong is remembered to his discredit. This is one of the trials he has to bear with patience, and it is perhaps to some extent discounted by the undisguised belief of the public that he is responsible for the cure of the disease.

The prospect of "curing a disease" seems to be as far off as ever.

Yours truly,

49, ALMA ROAD, WINDSOR; W. F. LLOYD.
March 30th, 1922.

FRESH-AIR TREATMENT AMONG THE ROMANS.

To the Editor of the 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—It is commonly believed that there is nothing new under the sun, and evidently not in medicine. I have lately had my attention drawn to a passage from the Letters of the Younger Pliny, which shows that the Romans knew about as much about the treatment of pulmonary tuberculosis as we do. Perhaps you could find space for the passage, as it may be unfamiliar to some of your readers.

"Some years ago he (*i.e.* my freedman Zosimus) strained himself so much by too strong exertion of his voice that he spit blood, upon which account I sent him into Egypt, from whence, after a long absence, he lately returned with great benefit to his health. But having again exerted himself for several days together, he was reminded of his former malady by a slight return of his cough, and a spitting of blood. For this reason I intend to send him to your farm at Forum Julii, having frequently heard you mention it as a healthy air, and recommend the milk of that place as very salutary in disorders of this nature."

I am yours faithfully,

ST. BARTHOLOMEW'S HOSPITAL; CONSTANT READER.
April 20th, 1922.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

BARNSLEY, R. E., Brevet-Major, R.A.M.C. "A Field Ambulance in Anatolia." *Journal Royal Army Medical Corps*, April, 1922.

BARRIS, J., M.B., M.R.C.P., F.R.C.S., and MCCURRICH, H. J., M.B. "Large Hæmatoma of the Vulva following Labour." *Clinical Journal*, March 29th, 1922.

BOURNE, GEOFFREY, M.D., M.R.C.P. (and SCOTT, J. M., B.A.). "Pertussis with a Leucocytosis of 176,000." *British Medical Journal*, March 11th, 1922.

DALY, I. DE BURGH (and STARLING, E. H.). "On the Effects of Changes in Intraventricular Pressure and Filling on the Ventricular Rhythm in Partial and Complete Heart Block." *British Journal Experimental Pathology*, February, 1922.

DIVE, Major G. H., D.S.O., R.A.M.C. "A Case of Paratyphoid A Fever. (And a Note by Lieut.-Col. J. C. Kennedy, R.A.M.C.)." *Journal Royal Army Medical Corps*, April, 1922.

DORAN, ALBAN H. G., F.R.C.S. "Descriptive Catalogue of the Obstetrical Instruments in the Museum of the Royal College of Surgeons of England, including the Loan Collection, formerly constituting the Museum of the Obstetrical Society of London, now deposited in the Museum of the College of the Royal Society of Medicine." Part I. London: Privately printed.

DRURY, E. G. DRU, M.D., B.S.(Lond.), D.P.H. "The Toxic Idiopathies or Idiopathic Toxæmias." *The Medical Journal of South Africa*, November, 1921.

EDRIDGE-GREEN, F. W., C.B.E., M.D. "The Harris and Gale Lecture on New Researches in Colour Vision." *Lancet*, February 25th, 1922.

FEILING, ANTHONY, M.D., F.R.C.P. "The Goulstonian Lectures on the Interpretation of Symptoms in Diseases of the Central Nervous System." Lecture I (abstract). *British Medical Journal*, April 1st, 1922.

—— Lecture II (abstract). *Ibid.*, April 8th, 1922.

—— Lecture III (abstract). *Ibid.*, April 15th, 1922.

GASK, G. E., C.M.G., D.S.O., F.R.C.S. "A Contribution to the History of the Case of the Sick and Wounded during Marlborough's March to the Danube in 1704, and at the Battle of Blenheim." *Journal Royal Army Medical Corps*, April, 1922.

GAUVAIN, Sir HENRY, M.A., M.D., M.C. (LEONARD HILL, M.B., F.R.S., and J. ARGYLL CAMPBELL, M.D., D.Sc., with co-operation of Sir H. G.). "Metabolism of Children undergoing Open-air Treatment, Heliotherapy and Balneotherapy." *British Medical Journal*, February 25th, 1922.

HALL, ARTHUR J., M.A., M.D. "Encephalitis Lethargica: Some Clinical Observations on Thirty Cases." *Lancet*, March 18th, 1922.

—— "Splenomegaly with Progressive Ascites and Loud Venous Hum: Spontaneous Cure of Ascites by Leakage through Abdominal Wall." *British Medical Journal*, April 15th, 1922.

HARDWICK SMITH, H., M.B., F.R.C.S. "Peritonitis." *New Zealand Medical Journal*, February, 1922.

HAYWARD, JOHN A., M.D., F.R.C.S. (and MACCARTHY, T., M.R.C.S., L.R.C.P.). "Hæmorrhagic Colitis." *British Medical Journal*, April 8th, 1922.

HELE, Capt. T. S., R.A.M.C. (T.F.). "Malaria in Macedonia, 1915–1919. Part IV: Chemical Investigations on the Excretion of Quinine by Soldiers in Macedonia." *Journal Royal Army Medical Corps*, April, 1922.

HORDER, Sir THOMAS, M.D., F.R.C.P. "Medical Notes," *Clinical Journal*, March 15th, 1922.

HUDSON, BERNARD, M.D. (LEONARD HILL, M.B., F.R.S., and J. ARGYLL CAMPBELL, M.D., with the co-operation of B. H.). "Observations on the Resting Metabolism of Children and Adults in Switzerland." *British Medical Journal*, March 11th, 1922.

HURRY, JAMIESON B., M.A., M.D. "Hyperthyroidism and the Vicious Circle." *Practitioner*, April, 1922.

KEYNES, GEOFFREY, M.A., M.D. (Cantab.), F.R.C.S. *Blood Transfusion*. London: Henry Frowde and Hodder & Stoughton.

—— "A Femoral Hernia of Unusual Size." *Lancet*, March 4th, 1922.

MCDONAGH, J. E. R., F.R.C.S. "Venereal Diseases as we see them To-day." *Practitioner*, March, 1922.

MYERS, BERNARD, C.M.G., M.D., M.R.C.P. "Some Points on Certain Gastro-intestinal Affections in Infants." *Clinical Journal*, February 1st and 8th, 1922.

OKELL, C. C., M.R.C.P. (R. A. O'BRIEN, M.D., A. J. EAGLETON, M.D., M.R.C.P., C.C.O., A. T. GLENNY, B.Sc., and E. M. BAXTER, M.Sc.). "Further Experiences with the Schick Test." *Lancet*, April 15th, 1922.

PAVEY-SMITH, A. B., M.C., M.B., F.R.C.S. "Some Remote Effects of Tonsillitis" *Practitioner*, April, 1922.

PYBUS, FREDERICK C., M.S., F.R.C.S. "Some Cysts of Childhood." *Clinical Journal*, February 22nd, 1922.

—— "Some Tumours of Childhood." *Ibid.*, March 1st and 8th, 1922.

—— "Some Surgical Aspects of Congenital Syphilis." *Ibid.*, April 5th, 1922.

ROPER, ARTHUR C., F.R.C.S. "Two Series of Cases of Cataract." *Lancet*, April 1st, 1912.
SHAW, ERNEST H., M.R.C.P. (E. BELLINGHAM SMITH, M.D., B.S., M.R.C.P. and E. H. S.). "Two Cases of Malformation of the Kidney in Infancy." *Ibid.*, April 15th, 1922.
SPENCER, W. G., M.S. "Some Local Results of Dental Infection." *British Dental Journal*, March 1st, 1922.
WALKER, KENNETH M., M.B., B.Ch., F.R.C.S. "Ascending Infections of the Kidney." *Lancet*, April 8th, 1922.
—— "Hunterian Lecture on the Nature and Cause of Old-age Enlargement of the Prostate." *British Medical Journal*, February 25th, 1922.
—— "Diathermy in Genito-Urinary Surgery." *Practitioner*, March, 1922.
WHITE, CHARLES POWELL, M.D., F.R.C.S. "The Application of the Methods of Correlation to the Study of the Urine." *Lancet*, February 25th, 1922.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.Ch.—R. StL. Brockman.
M.B., B.Ch.—E. L. Dobson, E. I. Lloyd.
M.B.—A. J. Copeland.
B.Ch.—E. Donaldson.

UNIVERSITY OF LONDON.

Second Examination, March, 1922.

Part I.—H. S. Box, H. C. Boyde, M. Bryer, P. E. J. Cutting, D. A. Dewhirst, P. H. Flockton, A. E. Fraser-Smith, E. A. Freeman, W. L. Gillbard, F. G. Greenwood, E. Holmes, R. H. Knight, J. R. Macdougall, W. Ogden, H. J. Seddon, L. G. Smith, R. K. Smith, E. A. White, F. E. C. Williams.

Part II.—H. G. Anderson, F. A. Bevan, R. Bolton, W. R. W. Bonner-Morgan, S. Brest, E. E. Claxton, F. R. Corfe, R. N. Curnow, C. S. Drawmer, F. G. France, P. Garson, G. S. Hale, G. E. Harries, F. Heckford, D. V. Hubble, J. T. Hunter, R. S. Johnson, D. E. Lawrence, L. M. P. Maillard, D. G. Martin, B. A. J. Mayo, G. W. C. Parker, F. D. S. Poole, B. Press, D. C. Price, J. A. F. Storrs, A. F. Taylor, W. R. Thrower, H. Treissman, L. B. Ward, W. Wilkinson.

UNIVERSITY OF LIVERPOOL.

Diploma in Tropical Medicine.

A. R. Jennings, M.B., B.Ch.

CONJOINT EXAMINING BOARD.

First Examination, April, 1922.

Chemistry.—C. H. C. Carty-Salmon, W. W. Darley, B. H. Gibson, H. Hillaby, S. B. S. Smith, R. E. Waugh.
Physics.—W. W. Darley, J. L. T. Davies, B. H. Gibson, H. C. Hermon, H. Hillaby, E. F. D. Owen, S. B. S. Smith.
Biology.—J. D. B. Games, H. E. Houfton, C. P. Madden, W. T. Mills, W. V. Roache, S. Smith, J. E. Snow, W. A. Wood.

Second Examination.

Anatomy and Physiology.—G. H. Buncombe, S. M. Coleman, P. H. Diemer, H. B. Howell, A. H. Kynaston, J. B. Lloyd, J. G. McMenamin, G. G. Stewart.
Physiology.—H. F. Chillingworth, J. E. C. Morton, K. C. L. Paddle, H. A. M. Whitby.
Pharmacology and Materia Medica.—W. F. D. Benton, J. H. H. Chataway, J. E. Elam, C. R. Steel, H. K. Tucker.

LONDON SCHOOL OF TROPICAL MEDICINE.

At an examination held recently the following candidates passed:
With Distinction.—D. G. F. Moore.
Pass.—E. F. Peck.

CHANGES OF ADDRESS.

BOKENHAM, T. B., Heathcote, 141, Otley Road, Headingly, Leeds.
DRAKE, E. C., 46, Devonshire Street, W. 1. (Tel. Langham 2415.)
MOORE, D. FITZGERALD, West African Medical Service, Nigeria.
POWELL, R. R., Earlsridge, Woodlands Road, Redhill.
SAUNDERS, W. E. R., Mountsorrel, near Loughborough.
VALERIE, Squad. Leadr. J., R.A.F.M.S., Gothic House, Vine Road, E. Molesey.
WINTER, E. S., 9, Minster Yard, Lincoln.
WRIGHT, Lt.-Col. A., R.A.M.C., Gordon Road, Camberley, Surrey.

BIRTHS.

BOWES.—On March 29th, at 3, De Vaux Place, Salisbury, to Dorothie, the wife of G. K. Bowes, M.D., M.R.C.P.—a son.
CANE.—On March 25th, at Bungay, to Dr. and Mrs. Leonard B. Cane—a son.
FAIRLIE-CLARKE.—On March 27th, at 11, Waterloo Crescent, Dover, Gwendolen (*née* Balmer), wife of A. J. Fairlie-Clarke, F.R.C.S., of a daughter.

MARRIAGES.

GARROD—PIERCE.—On April 22nd, at the Old Jordans Meeting House, Lawrence P. Garrod, M.B., B.Ch., son of Mr. and Mrs. Cubitt Garrod, of Bournemouth, to Marjorie, daughter of Dr. and Mrs. Bedford Pierce, of Malton, formerly of York.
JUST—MACTAGGART.—On April 19th, at St. Martin-in-the-Fields, by Rev. W. R. L. Sheppard, Theodore H. Just, only son of Sir H.W. Just, K.C.M.G., C.B., of Chesham, to Alice Marie, second daughter of the late H. B. Mactaggart, of Campbeltown, and Mrs. Mactaggart, of 95, Barkston Gardens.
WELLS—DUNLOP.—On February 23rd, at All Saints' Church, Compton, Winchester, by the Rev. J. C. Blackett, and assisted by the Rev. A. C. Lowth, Philip Hewer Wells, M.R.C.P., M.C., son of Dr. and Mrs. Poulett Wells, of Hampstead, N.W., to Doris Joan, youngest daughter of Mr. and Mrs. J. M. Dunlop, "Fairoak," Hants.

DEATHS.

HOLLIS.—On March 26th, 1922, at Hove, William Ainslie Hollis, M.D., F.R.C.P., ex-President of the British Medical Association, aged 82.
MCLEAN.—On March 11th, 1922, at 12, Furzedown Road, Highfield, Southampton, W. W. L. McLean, M.R.C.S., L.R.C.P., D.P.H., Senior Medical Inspector, Board of Trade, aged 57.
MOORE.—On March 27th, 1922, at 3, Starkie Street, Preston, Lancs. (suddenly), W. F. Moore, M.R.C.S., L.R.C.P.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, Smithfield, E.C.*

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., *at the Hospital.*

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City* 510.